

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Caster

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 9	Day 29	Age 1	Years	Months	Days
Sex	Male	Color or Race	White				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Thomas Caster		Father's Birthplace Poland				
Mother's Maiden Name	Mary Jadowski		Mother's Birthplace Poland				
Name of person giving Information	Thomas Caster		How related to deceased Father				

CAUSES OF DEATH

93

Primary

Marasmus

How long

About 10m

Immediate

Pneumonia

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

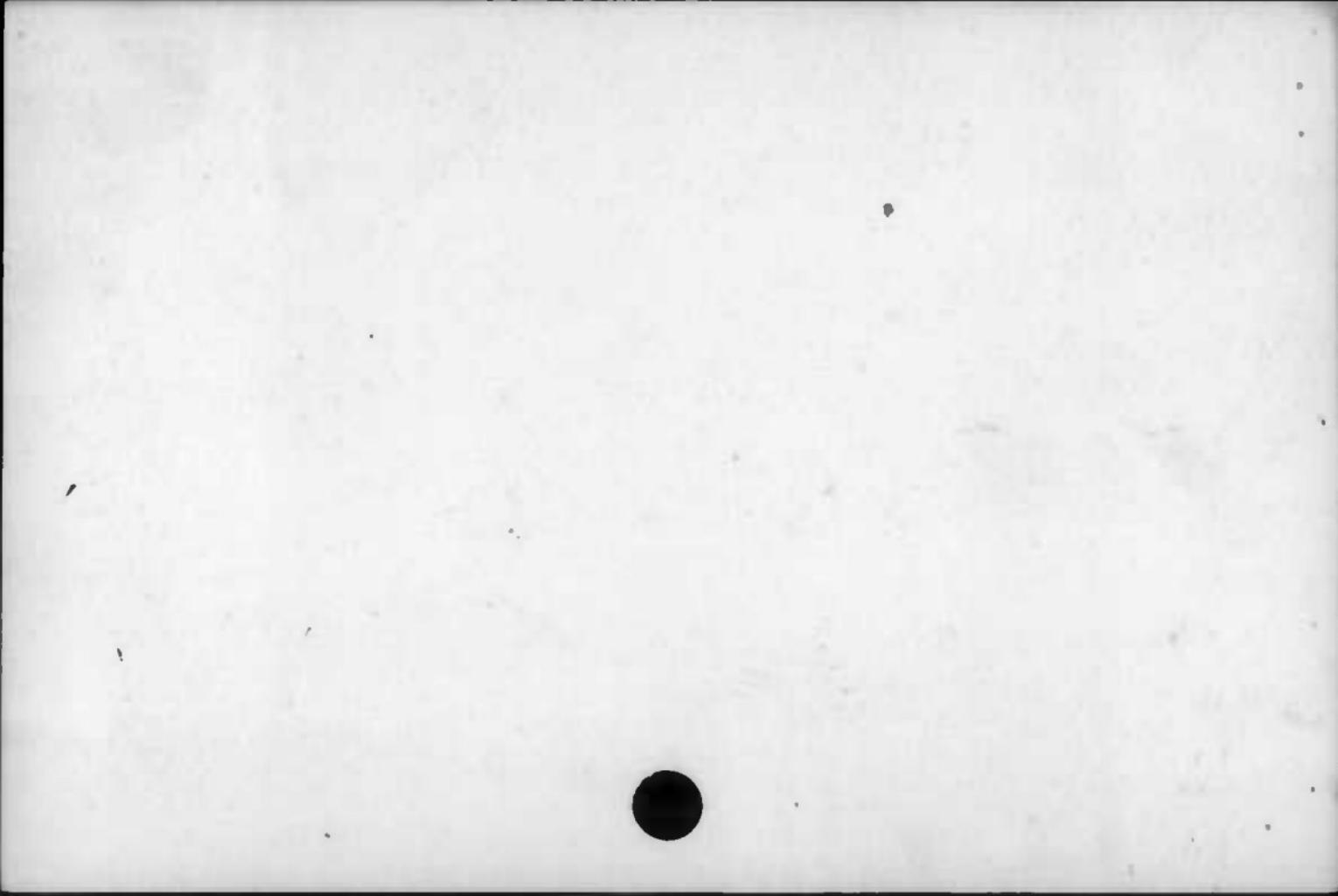
Signature of Physician

Address

Dr. W. H. Jackson

Millington

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bruynan Chambers

CERTIFICATE OF DEATH

Died at

Town

Kent County

MARYLAND

Date
of death

1907

Month

Sept 16

Day

Years

Age 35

Months

Days

6

24

Sex

male

Color or
Race

Black

Birth-
place

Chesapeake

Occupation

Framster

Where Residing if not
at place of death

Chesapeake

Married, Single
or Widowed

married

Name or Wife or
Husband

Lulu

Chambers

Father's
Birthplace

Father's
Name

Thomas Chambers

Chester town

Mother's
Maiden Name

Hannah Hale

Mother's
Birthplace

Kent Co.

Name of person giving
Information

Lulu Chambers

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Congestion of Liver

112

How long

about 10 months

Immediate

Syphilitic

How long

8 days -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

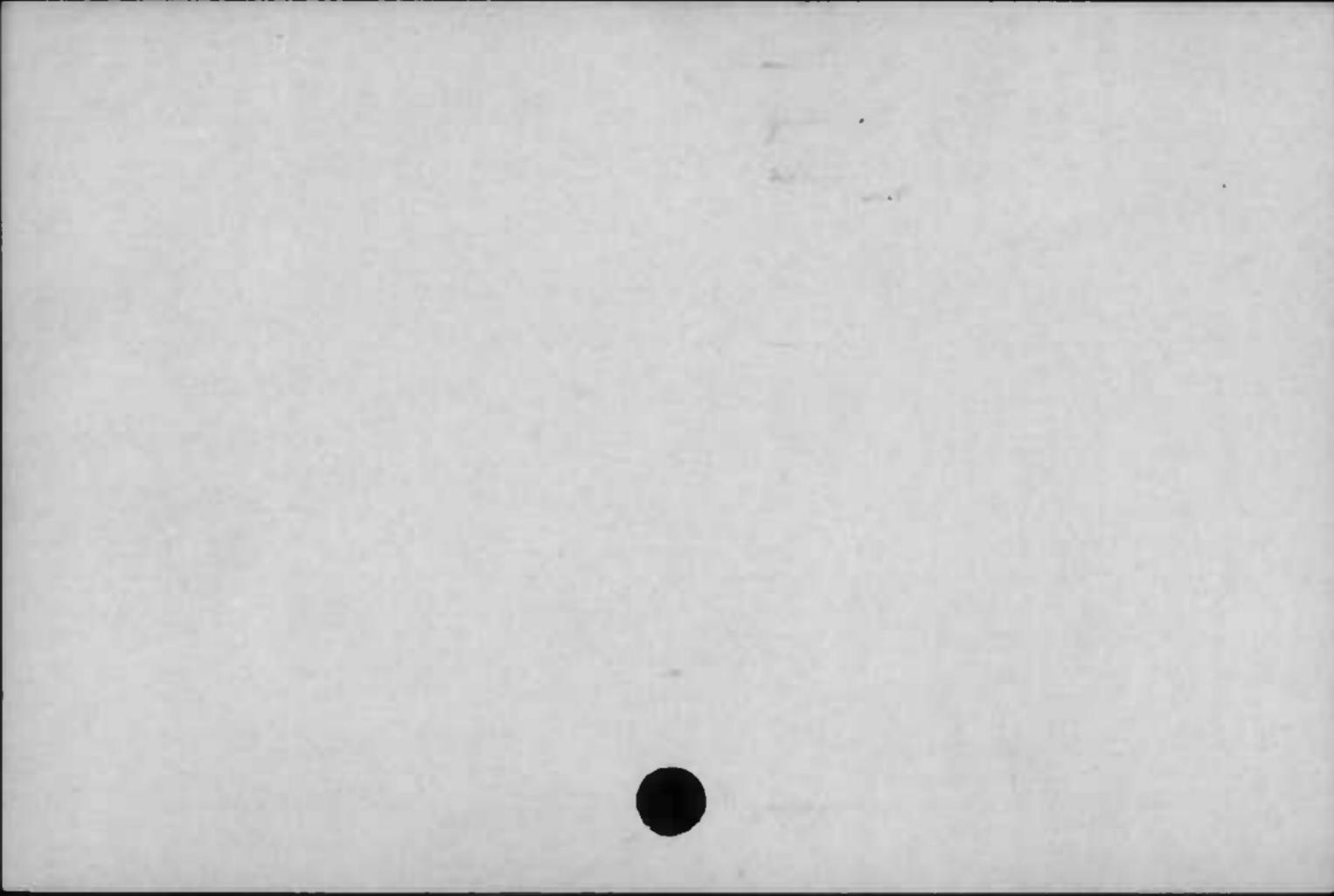
Frank B. Rose

Address

Chester town MD

no

Accident or Suicide?



Name
in
Full

Bertha May Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Forest Grove		County Kent		MARYLAND	
Date of death 1904	Month Sept	Day 21	Years 17	Months —	Days —
Sex female	Color or Race White	Birth-place Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband John T. Cox		Father's Birthplace Md		
Father's Name			Mother's Birthplace Md		
Mother's Maiden Name Bella Bulley			How related to deceased father.		
Name of person giving information J. T. Cox					

CAUSES OF DEATH

1

How long

27 days

How long

one hour

PHYSICIAN
OR CORONER

Primary

Physical injury

Immediate

Internal hemorrhage

Are the name, age, sex, color, date and place correctly given above?

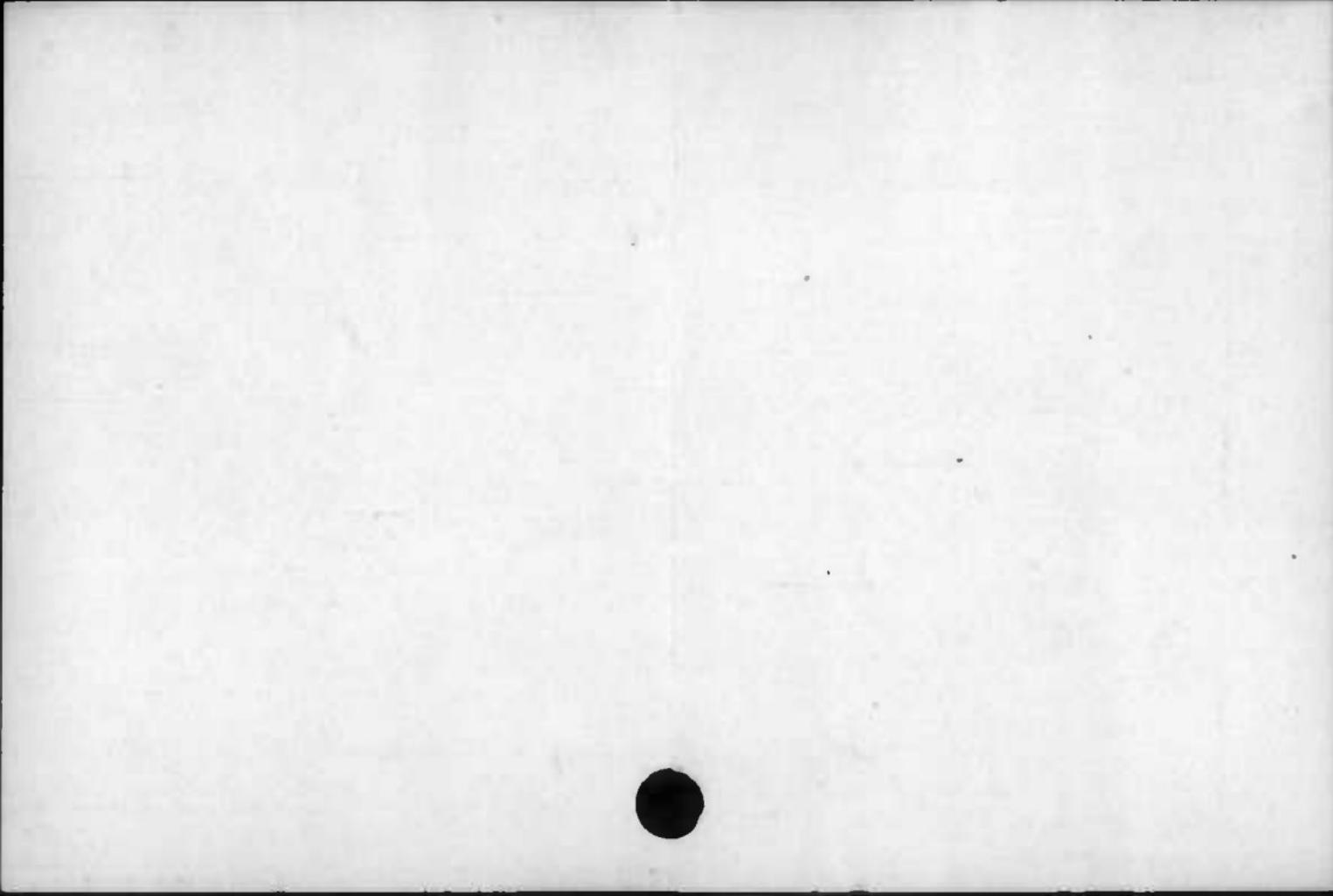
yes

Signature of Physician

Address

Glynn Berwick
Kennedyville
Md.

Accident or Suicide?



Name
in
Full

Clarence Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Ethiopian	Birth-place	near Millington
Occupation	Day Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Caesar Green	Father's Birthplace			
Mother's Maiden Name	Jane	Mother's Birthplace	Millington		
Name of person giving information	Caesar Green	How related to deceased	Father		

CAUSES OF DEATH

27

How long

In attendance
a week

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

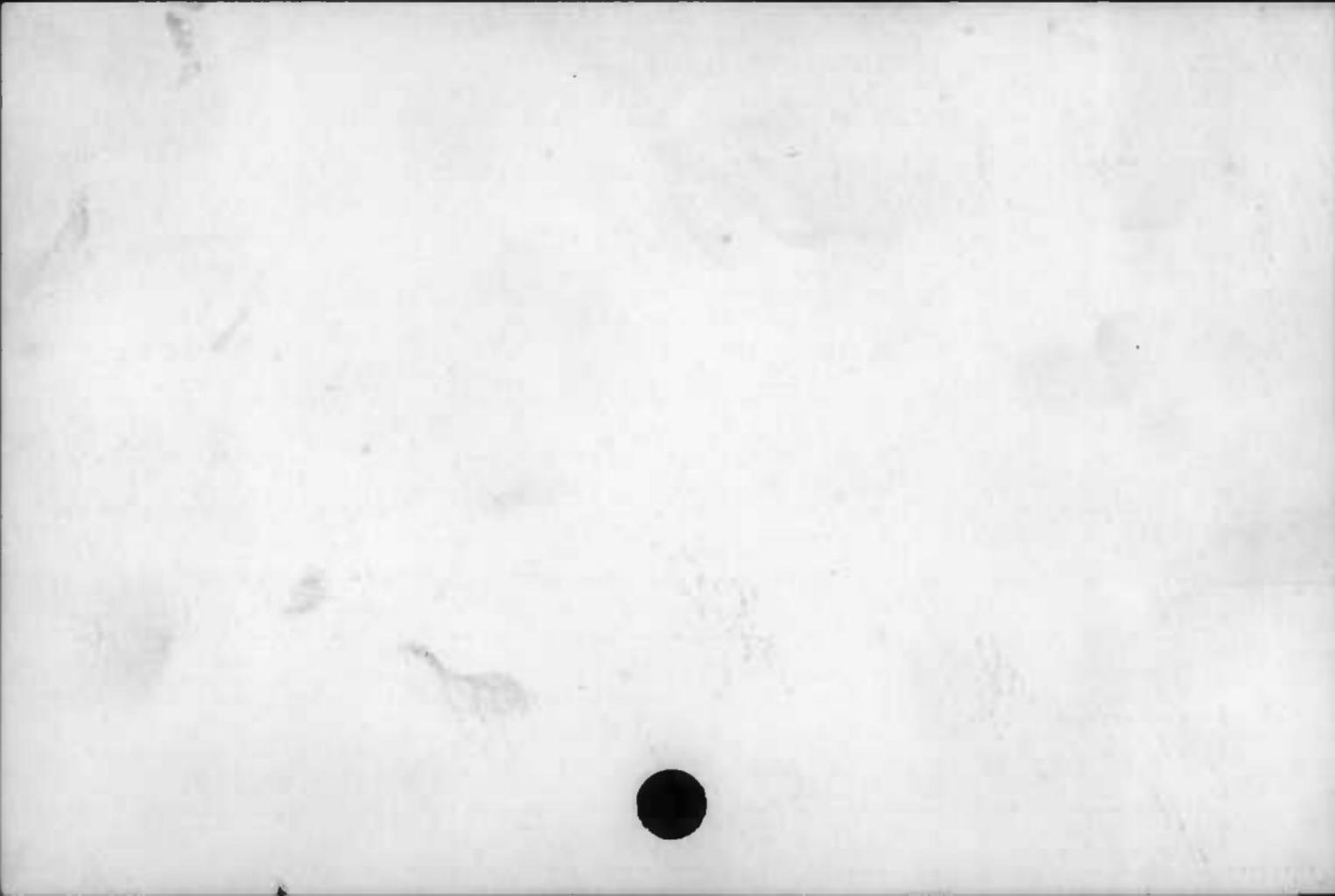
Yes

Signature of Physician

Address

N. M. Peter M.D.
Millington, Md.

Accident or Suicide?



Name
in
Full

Raymond C. Hamilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Hamilton			Father's Birthplace	Chestertown
Mother's Maiden Name	Clayidine Hamilton			Mother's Birthplace	Chestertown
Name of person giving Information	James Hamilton			How related to deceased	Father

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary

Syphilis

How long

all life

Immediate

Crypt. Meningitis

How long

30 yds day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

9

J.m.?

Name
in
Full

Emily Ann. Massey. Hendrickson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	49	10	8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Henry Clay. Hendrickson.		Willington	
Father's Name	P. B. M. Massey.		Father's Birthplace		Maryland
Mother's Maiden Name	Verma Delta. Sny.		Mother's Birthplace		Maryland.
Name of person giving information	Henry Clay. Hendrickson.		How related to deceased		

CAUSES OF DEATH

1

How long

three weeks

PHYSICIAN
OR CORONER

Primary

Tonsillitis Puerperal Typhoid fever

Immediate

Intestinal hemorrhages

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

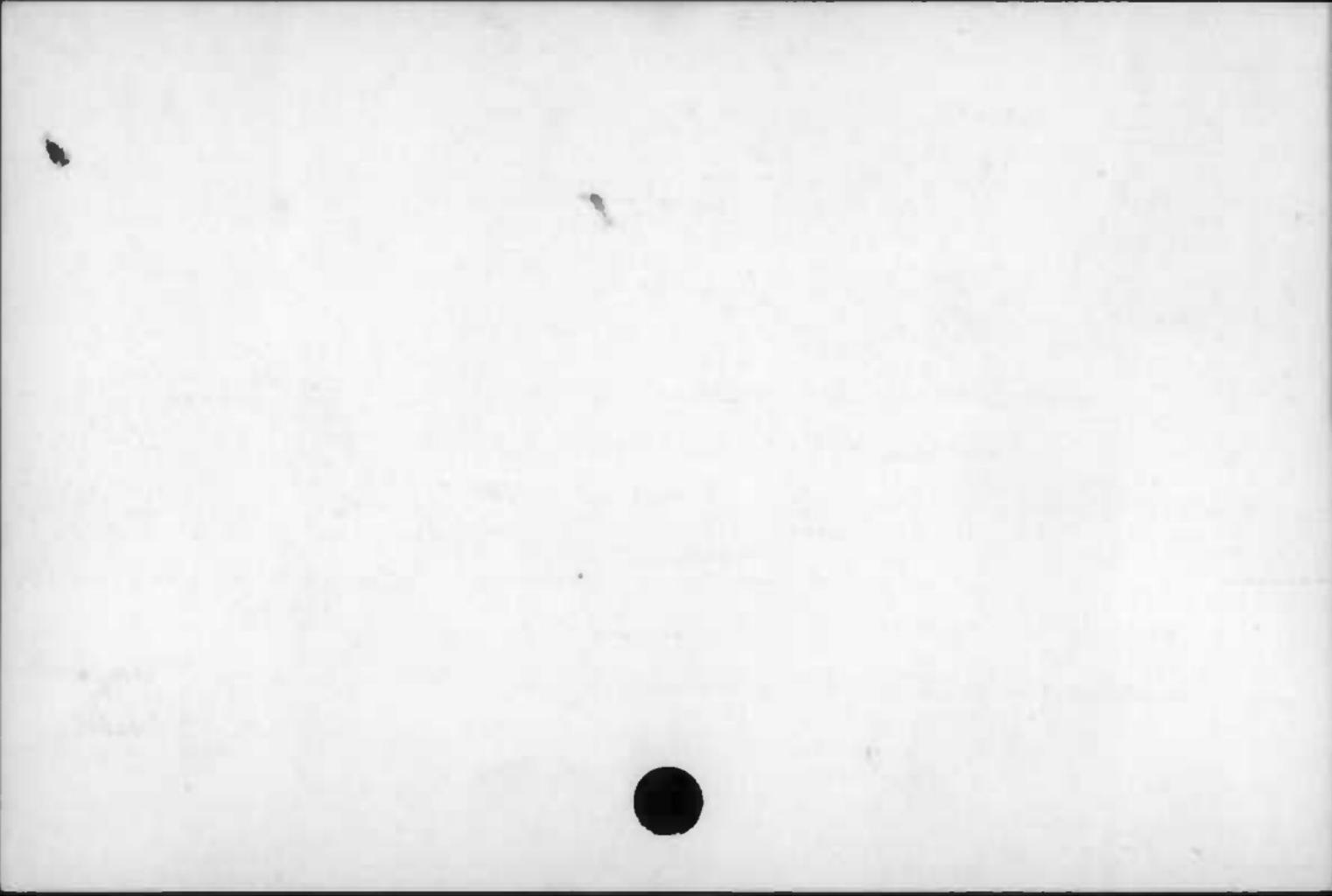
H. M. Jeter

Address

Willington.

Ind.

Accident or Suicide?



Name
in
Full

No name) Hyssan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

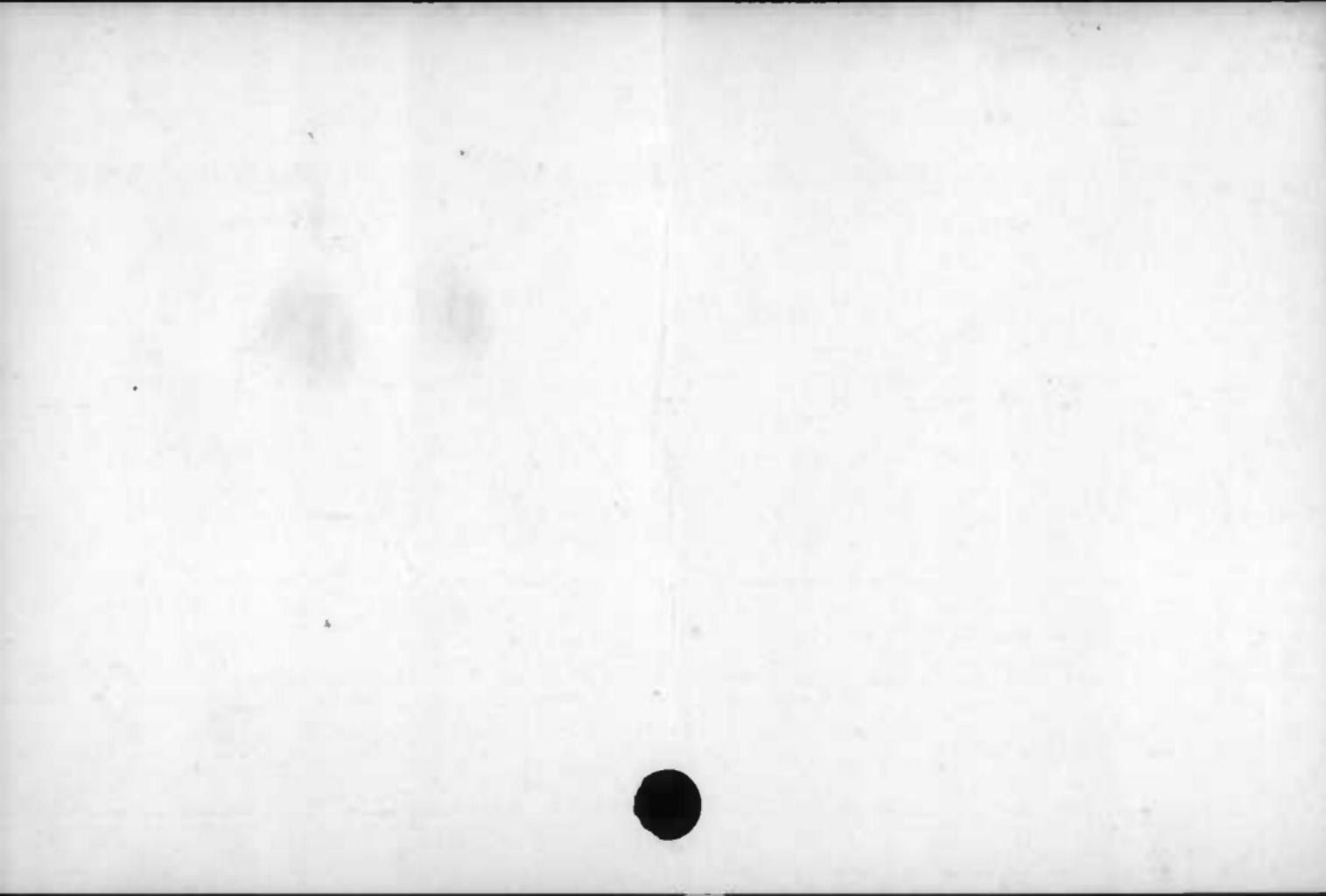
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	3	0	0
Occupation	Where Residing if not at place of death			at home	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sepi Hyssan			Father's Birthplace	Kensley
Mother's Maiden Name	Susan Phillips			Mother's Birthplace	Kensley
Name of person giving Information	Mrs. Willis			How related to deceased	notable

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Mazasmus	
Immediate	Mazasmus	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		H Bangs Simmons
Accident or Suicide?	no.	Address
		Chestertown Md



Name
in
Full

Wm. Wesley Styuson

CERTIFICATE OF DEATH

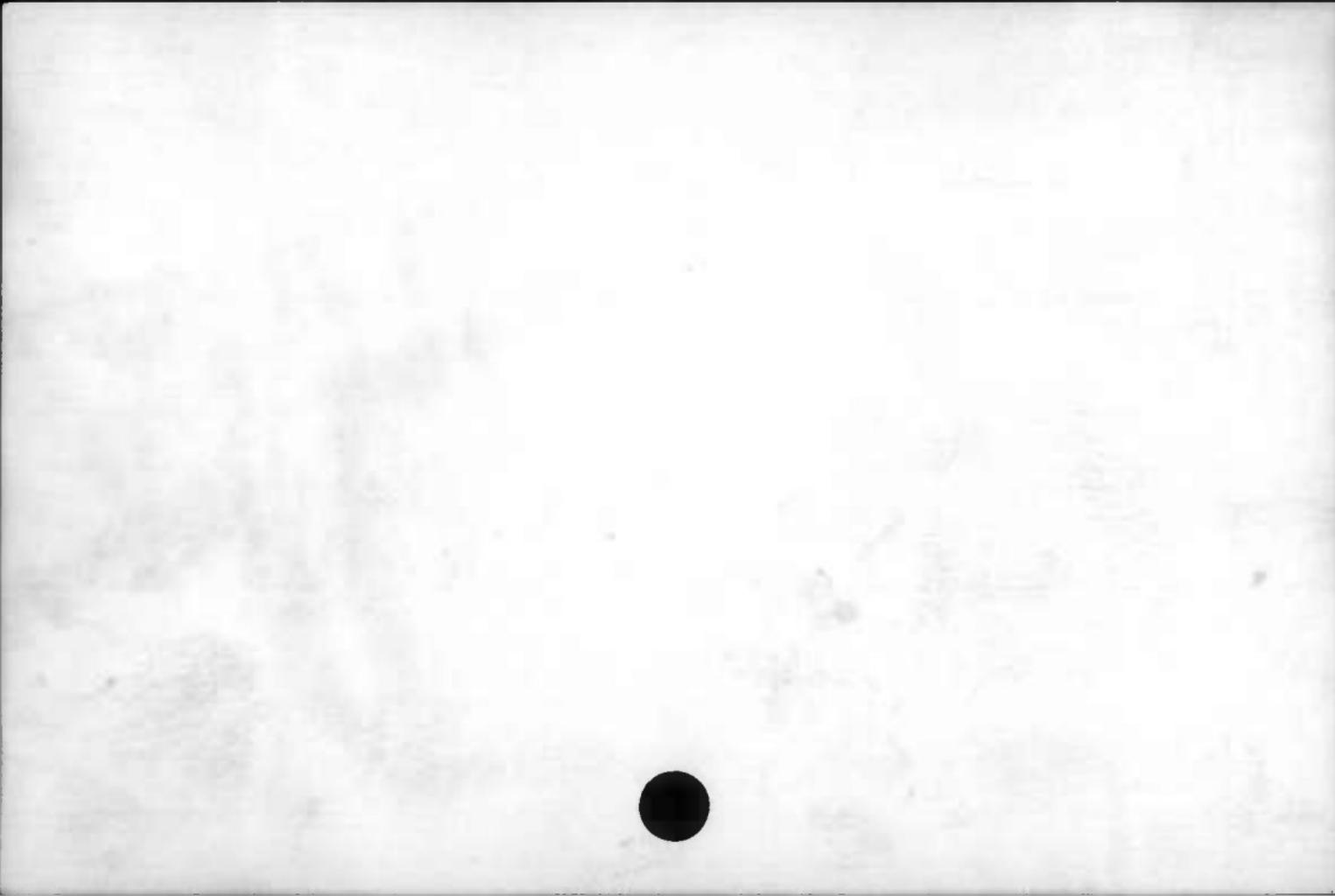
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908	Month Sept	Day 22	Years	Moths 1
Sex Male	Color or Race Col	Birth-place Md	Days 7	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Jawell A. Styuson			
Mother's Maiden Name	Rebecca Johnson			
Name of person giving information	Father			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Malnutrition	151	How long
Immediate	Exhaustion	(Signature of Physician)	How long
Are the name, age, sex, color, date and place correctly given above?		W. W. attending	several days
(Signature)		Address	116 Elm Street See Local Board of Health
Accident or Suicide		No	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
		Morgue	Kent				
Date of death	190 8	Month 9'	Day 1	Years 81	Months 6	Days 29	
Sax	male	Color or Race	Colored		Birth- place	Morgue, Md	
Occupation	Labour		Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Julia E. Jones				
Father's Name	Amos Jones		Father's Birthplace				
Mother's Maiden Name	Annie Elbert		Morgue				
Name of person giving Information	William W. Jones		Mother's Birthplace				
How related to deceased				Son.			

CAUSES OF DEATH

123

How long

5 years

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

Immediate

Chronic Cystitis

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

DR. J. HORTON KELLEY
STILL POND, MD.

Accident or Suicide

Morgan Lee Caw

Name
in
Full

Baby Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleran</u>		Town		County		MARYLAND	
Date of death	1908	Month <u>Sept</u>	Day <u>17</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>3</u>
Sex <u>female</u>	Color or Race <u>Black</u>						
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>John H. Jones</u>	Father's Birthplace <u>MD</u>						
Mother's Maiden Name <u>Mary Hance</u>	Mother's Birthplace <u>MD</u>						
Name of person giving Information <u>J. H. Jones</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

105

How long

6 weeks.

How long

PHYSICIAN
OR CORONER

Primary

Enter Colitis.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

W. S. Maxwell.

Still Pond, Md.



Accident or Suicide?

Coturnix.

Name
in
Full

Evelyn W. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1908	Sept	2	Age 27	
Sex	female	Color or Race	Birth-place	Md
Occupation	housewife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Father's Birthplace	Md
Father's Name	John Whittington			
Mother's Maiden Name	Amanda Haddley		Mother's Birthplace	Md
Name of person giving information	Harry W. Jones		How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of the Uterus

42

How long

Immediate

hemorrhage.

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W.S. Maxwell.

Still Pond. Md.

Accident or Suicide

Still Pond

Name
in
Full

Daniel Sylvester Soles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Boston</u>		Took <u>Kent</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>17</u>	Age <u>59</u>	Years	Months <u>3</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Nellie A Anderson</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Nellie A Anderson</u>			Father's Birthplace <u>Md</u>		
Father's Name <u>Daniel Soller</u>			Mother's Birthplace <u>Del</u>			
Mother's Maiden Name <u>Catherine Farnell</u>			How related to deceased <u>Brother</u>			
Name of person giving information <u>Daniel Soller</u>						

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary

Carcinoma of Face

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Sicks

Name
in
Full

Mary Ellen. Porter.

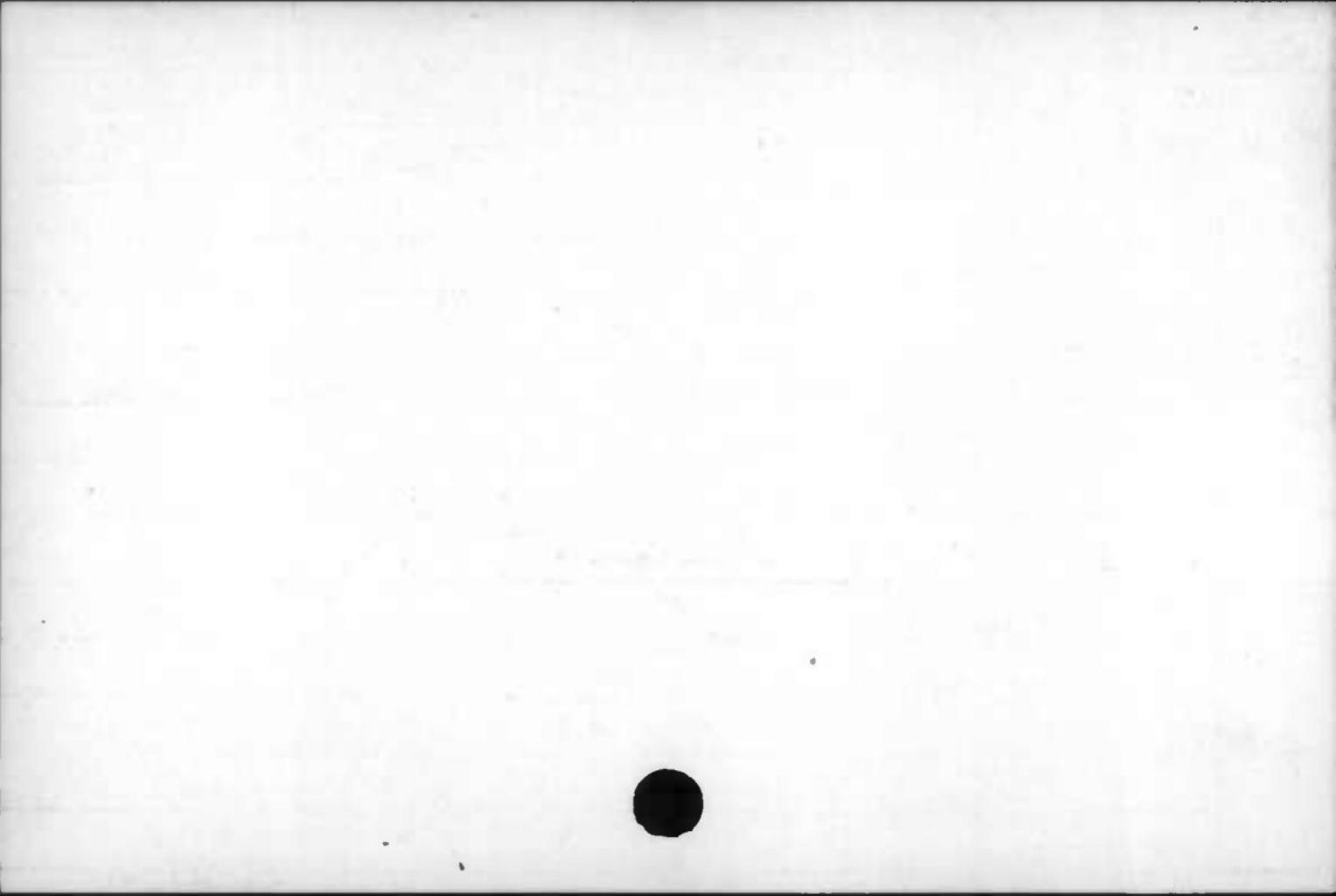
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Place of death			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Porter		Father's Birthplace	Delaware	
Mother's Maiden Name	Mary Ellen. Terrell.		Mother's Birthplace	Maryland	
Name of person giving Information	Felicity Porter		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Non Assimilation of food			How long	151
Immediate	Starvation			How long	9 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	N M Jeter M.D.
	Address
	Millington, Md.
Accident or Suicide?	



Name
in
Full

Rachael Jane Potts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Sassafras	Kent			
Date of death	Month	Day	Years	Months	Days
1908	Sep	10	65	0	0
Sex	Female	Color or Race	Colored African	Birth-place	Kent Co Md
Occupation	Horsewife	Where Residing if not at place of death		Near Sassafras Md	
Married Single or Widowed		Name of Wm or Husband	Alfred Potts	Father's Birthplace	Not Known
Father's Name	Edward Thomas	Mother's Maiden Name	not known	Mother's Birthplace	not known
Name of person giving Information	William Potts	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of bones of foot

146

5 month

Immediate Gangrene of foot

7 days

Are the name, age, sex, color, date and place correctly given above?

yes

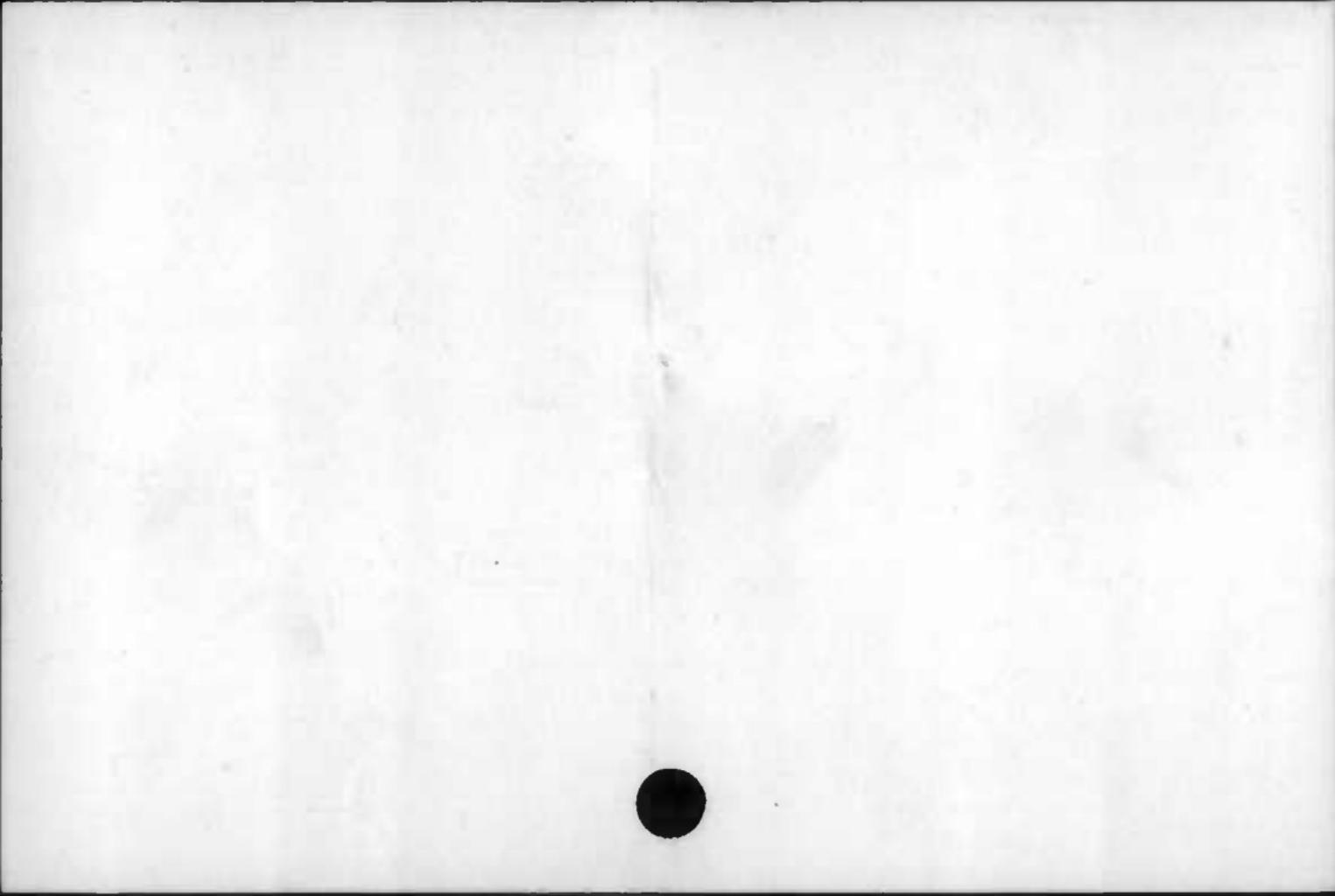
Signature of Physician

Address

J J Wright MD
Warrington Md.

Accident or Suicide?

No



Name
in
Full

Catharine Harlock Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Melisota Kent
Died at County

MARYLAND

Date Month Day Years Months Days
of death 1908 Sept 28 - - - 10

Sex Female Color or Race White Birth-place Queen Anne Co

Occupation infant Where Residing if not et place of death At home of father

Married, Single or Widowed

Name of Wife or Husband

Father's Name

A. Parks Rasin

Father's Birthplace

Kentico

Mother's Maiden Name

Kathy Cathie

Mother's Birthplace

Lyman

Name of person giving Information

A. Parks Rasin

How related to deceased

father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

about 1 hour

Immediate

Pneumonia

How long

about 1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Bringe Simmon

Chesterlawn

md.

PHYSICIAN
OR CORONER

Accident or Suicide

No

9 6

Name
in
Full

Dola Ritchie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Date of death 1908	Month Sept	Day 25	Age 18	Months -	Days 27
Sex female	Color or Race Black	Birth- place Md			
Occupation House info	Where Residing if not at place of death _____				
Married, Single or Widowed married	Name of Husband Richard Ritchie	Father's Birthplace Md			
Father's Name Davis Walker	Mother's Birthplace Md				
Mother's Maiden Name Dena Brooker	How related to deceased father				
Name of person giving Information Davis Walker					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

3 months

Immediate

Heart failure.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W.S. Maxwell,

Address

Still Pond, Md.

Accident or Suicide?

Still Pond

Name
in
Full

Francie Shemone

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Kent-	Month	Days
Date of death 1908	Sept. 28	Age	18
Sex male	Color or Race	Birth-place	Baltimore
Occupation	Where Residing if not at place of death	Boston	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Bohemian
Mother's Maiden Name	Elizabeth Hordle	Mother's Birthplace	"
Name of person giving information	Andrew Saw	How related to deceased	friend

CAUSES OF DEATH

105

How long

Primary

Chronic

How long

Immediate

Cerebral & exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. G. Simpson
6 West Street N.E.

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

James Thomas Shriver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Kent-		MARYLAND	
Died at Pinney Neck	Month 8	Day 8	Years 66	Months — Days —
Date of death 1908	Age	Color or Race White	Birth-place	
Occupation Waterman	Where Residing if not at place of death At place of death			
Married, Single or Widowed Married	Name of Wife or Husband Ann M. Jones	Father's Birthplace Maryland		
Father's Name James Shriver	Mother's Birthplace England			
Mother's Maiden Name Ann Letherbay	How related to deceased Son			
Name of person giving information Carroll Shriver				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 days

Immediate

Ostomy

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

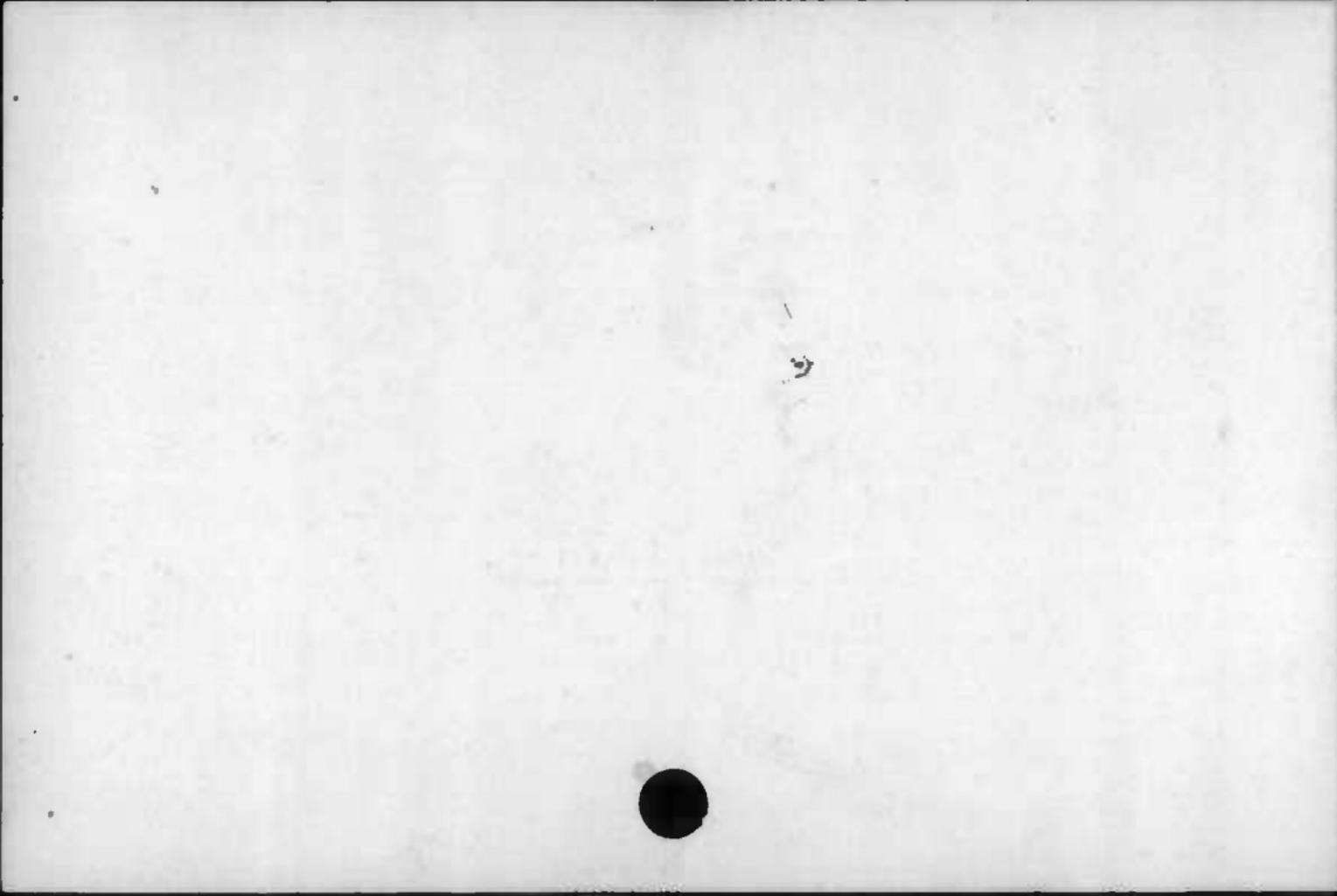
Yes

Signature of Physician

Address

W.C. Kelly
Rock Hall Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

John W. Sigers

Town

Died at near Still Pond

County

Kent

MARYLAND

Month

Date of death 1908 Sept

Day

Age 70

Years

Months

Days

—

—

—

—

Sex

male

Color or
Race

Black

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

unknown

Father's
Birthplace

Md

Father's
Name

Georgi Sigers

Mother's
Birthplace

Md

Mother's
Maiden Name

Annie Lamb

How related
to deceased

Nephew,

Name of person giving
Information

Alexander Thomas

CAUSES OF DEATH

Primary

Bright's disease

120

How long

Immediate

Heart failure.

9 months

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W.S. Maxwell,

Address

Still Pond, Md.

Accident or Suicide

Mit Zion

Name
in
Full

George W. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Chesterlown

County
Kent

MARYLAND

Date
of death

1908

Month
9

Day
18

Years
75

Age

Months
7

Days
6

Sex

Male

Color or
Race

White

Birth-
place

Kd

Occupation

Retired Merchant

Where Residing if not
at place of death

Chesterlown Kd.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret S. Smith

Father's
Name

Joseph H. Smith

Father's
Birthplace

Kd

Mother's
Maiden Name

Elizabeth Wilkinson

Mother's
Birthplace

Kd

Name of person giving
Information

Margaret S. Smith

How related
to deceased

Wife

CAUSES OF DEATH

120

How long

About 12 days

How long

R. G. Graham
Chesterlown Kd.

PHYSICIAN
OR CORONER

Primary

Bright's Disease
Nephritis

Immediate

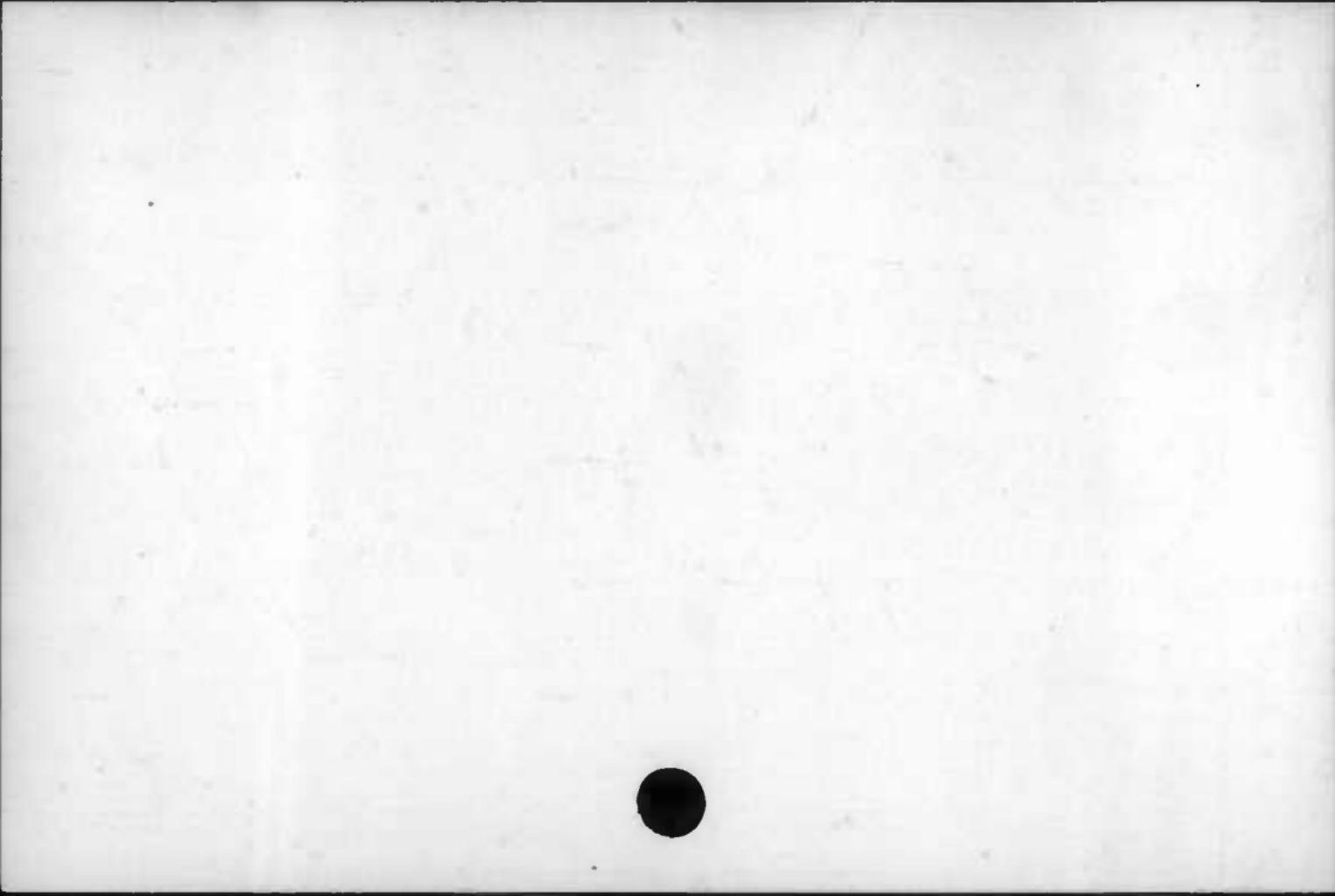
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J

Accident or Suicide?



Name
in
Full

Cassie Whittington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Near Blacks Sta.	Kent	
Date of death 1909	Month Sept	Day 8
Age 18	Years	Months 2
Sex female	Color or Race Black	Days —
Occupation Cook	Where Residing if not at place of death _____	
Married, Single or Widowed Single	Name of Wife or Husband Unknown	Father's Birthplace Md
Father's Name James Whittington	Mother's Birthplace Md	Mother's Maiden Name Ellen Freeman
Name of person giving information "	How related to deceased Mother	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Heart failure.

How long

a few minutes,

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W.S. Maxwell,
Still Pond, Md.

Accident or Suicide?

Still Pond

Name
in
Full

Carrie Bell Wornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	15	
Occupation	School girl	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Alfred Wornell	Father's Birthplace	Md		
Mother's Maiden Name	Lula Wornell	Mothar's Birthplace	Md		
Name of person giving Information	Alice Chaney	How related to deceased	Wife		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Nephritis, Tubercolosis		How long	5 mos
Immediate	Exhaustion		How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Lempers	
Accident or Suicide	No	Address	Chesterton.	

